Image# 10990876649 07/4/5#20/10 11:13

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

To be used by Ferson's (Other than Folitical Committees) including Quanties Nonprofit	orporations
1. (a) Name of Individual, Organization or Corporation	
COMMON SENSE ISSUES INC	
(b) Address (number and street)	
(c) City, State and ZIP Code	
CINCINNATI OH 45255	FEC Identification Number
	<b>C</b> C90009739
2. Corporate filers only  Is the filer a qualified nonprofit corporation?  X Yes No	
Individual filers only Name of Employer	Occupation
TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report 24-Hour Notice 48-Hour I	Notice
October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \( \subseteq \text{No } \( \textbf{X} \)	
5. COVERING PERIOD: FROM 04 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS	0.00
7. TOTAL INDEPENDENT EXPENDITURES	40570.17
7. TOTAL MOLIT LAN LINDITOTILO	
Linder peoply of positive Legrify that the independent amonditives recented basis were not read with the according	in constitution with or at the
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or i request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if t reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Patrick Davis	07/15/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report t	to the penalties of 2 U.S.C 437g.

 $For \ further \ information, \ contact:$ 

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F5N}$ 

Transaction ID:

Please note that the independent expenditures disclosed on this report were paid for from general treasury funds and no contributions were made for the purpose of furthering these expenditures.

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	3 / 4			
FOR LINE 7 FOR FORM 5				

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee		Date
ccAdvertising		
Mailing Address		0.6 2.4 2.010
13800 Coppermine Rd, Suite 300		Amount
City State	Zip Code	170.17
Herndon VA	20171	
Purpose of Expenditure	Category/	Office Sought: X House State: KS
Phone Campaign: Polling/Voter ID	Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditu	lure:	President District: 04
WINK HARTMAN		Check One: Support X Oppose
		Disbursement For: X Primary General
Calendar Year-To-Date Per Election	170.17	2010
for Office Sought	170.17	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Designs 4 Marketing and Communications		0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		
106 N Collins St		Amount
City State	Zip Code	5400.00
Plant City FL	22563	
Purpose of Expenditure	Category/	Office Sought: House State: UT
Radio Ad - Production	Туре	Sanata X Sanata
Name of Federal Candidate Supported or Opposed by Expenditu	ure:	President District: 00
TIM BRIDGEWATER		Check One: Support X Oppose
		Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought	5400.00	2010 Other (specify)
·		
Full Name (Last, First, Middle Initial) of Payee Designs 4 Marketing and Communications		Date
Designs 4 Marketing and Communications		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 N Collins St		Amount
Too N Comms of		15000.00
City State	Zip Code	13000.30
Plant City FL	22563	
Purpose of Expenditure Radio Ad - Media Placement	Category/	Office Sought: House State: UT
	Type	Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditu	ure:	President
TIM BRIDGEWATER		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: X Primary General
for Office Sought	20400.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		20570.17
.,		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (IN FUII)	)
COMMON SENSE IS	SSUES INC

Full Name (Last, First, Middle Initial) of Payee				Date
Designs 4 Marketing and Communications				M M / D D / Y Y Y
Mailing Address				$\begin{bmatrix} M & M & M & J & D & D & J & Y & Y & Y & Y \\ 0 & 6 & 1 & 7 & J & 2 & 0 & 1 & 0 \end{bmatrix}$
106 N Collins St				Amount
City	State	Zin Code		8000.00
City Plant City	State FL	Zip Code 22563		
·	1 L		-   0"	- Courth
Purpose of Expenditure  Radio Ad - Media Placement		Category/		e Sought: House State: UT
Radio Ad - Media Placement		Туре	Se	enate X Senate District: 00
Name of Federal Candidate Supported or Opposed by E	Expenditure:	•		President
TIM BRIDGEWATER			Chec	ck One: Support X Oppose
			Disbu	ursement For: X Primary General
Calendar Year-To-Date Per Election		28400.00		2010
for Office Sought				her (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Designs 4 Marketing and Communications				M M / D D / Y Y Y
Mailing Address				0.6 1.8 2.010
106 N Collins St				Amount
City	State	Zip Code		12000.00
Plant City	FL	22563		
Purpose of Expenditure			Offic	e Sought: House Carrey LIT
Radio Ad - Media Placement		Category/		State: OT
		Туре	∐ S∈	enate X Senate District: 00
Name of Federal Candidate Supported or Opposed by E	Expenditure:			President
TIM BRIDGEWATER			Chec	ck One: Support X Oppose
Colonday Vacy To Data Day Floribus			Disbu	ursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		40400.00		2010 — July 2010 her (specify)
io. omos coagn.				
( ) OUD-OT-11 ( )				20000.00
(a) SUBTOTAL of Itemized Independent Expenditures				2000.00
(1) OUDTOTAL (1) (1) (1) (1) (1) (1) (1) (1)				
(b) SUBTOTALof Unitemized Independent Expenditure	S			
(a) TOTAL Independent Expanditures				40570.17
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	•••••			
()				